PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

MR 1115-339

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY TYPE OF | | | OTHER THAN R SMALL ENTITY | | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------|-----------------------|------------------------------|------------------|---------------|----------------------|------------------------|-------|---------------------------|------------------------|--|
| TOTAL CLAIMS | | | 4 | | | | | RATE | FEE | | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | . 0 | | | X\$ 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS | | | (minus 3 = | | \sim | | | X40= | | OR | X80= | | |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | | +135= | | OR | +270= | ŗ | |
| * If | the difference | in column 1 is | less than zero, enter "0" in column 2 | | | , | TOTAL | | OR | TOTAL | 710 | | |
| | C | LAIMS AS A | MENDED - PART II | | | | | | | | OTHER THAN | | |
| | | (Column 1) | (Column 2) (Column | | | (Column 3) | | | | | OR SMALL ENTITY | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | NITATION OF M | Minus | *** | T CL AINA | = | | X40= | | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | |
| | | | | | | | 1 | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | | ADDII. PEE | | | ADDIT. FEE | | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * NTATION OF MI | Minus | *** | T OL ALLA | = | 4 1 | X40= | | OR | X80= | | |
| | FIRST PRESE | NTATION OF M | JUIPLE DEF | ENDEN | CLAIM | | J | +135= | | OR | +270= | | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | | (Column 1) | | | mn 2) | (Column 3) | | | | • | 7,0011.1 22 | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | |
| | Independent | * INTATION OF M | Minus | *** | T CLAIM |]= | $\ \cdot \ $ | X40= | | OR | X80= | | |
| <u> </u> | THOTFHLOE | MIATION OF W | OLITICE DE | LINDEN | CLAIN | | ┛╽ | +135= | | OR | +270= | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | | TOTAL | | |
| *** | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |